

Application Data Sheet

Application Information

Application Number:: 10/050,328
Filing Date:: 01/15/02
Application Type:: Utility
Title:: Card Type Network Interface, Network Conference Terminal Device and Network Conference System
Attorney Docket Number:: 21778.05000

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Japan
Status:: Full Capacity
Given Name:: Kazuhira
Middle Name::
Family Name:: Kita
City of Residence:: Kanagawa
State or Province of Residence::
Country of Residence:: Japan
Street of Mailing Address:: 7-35, Kitashinagawa 6-chome
City of Mailing Address:: Shinagawa-ku
State or Province of Mailing Address:: Tokyo
Country of Mailing Address:: Japan
Postal or Zip Code of Mailing Address::

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Japan
Status:: Full Capacity
Given Name:: Miwako
Middle Name::
Family Name:: Yuasa
City of Residence:: Kanagawa
State or Province of Residence::
Country of Residence:: Japan
Street of Mailing Address:: 7-35, Kitashinagawa 6-chome
City of Mailing Address:: Shinagawa-ku
State or Province of Mailing Address:: Tokyo
Country of Mailing Address:: Japan
Postal or Zip Code of Mailing Address::

Correspondence Information

Correspondence Number::
Name:: Doyle B. Johnson
Street of Mailing Address:: Reed Smith Crosby Heafey LLP
City of Mailing Address:: Two Embarcadero Center, Suite 2000
State or Province of Mailing Address:: San Francisco
Country of Mailing Address:: CA
Postal or Zip Code of Mailing Address:: 94111
Phone Number:: (415) 659-5969

Fax Number:: (415) 391-8269
E-Mail Address:: dbjohnson@reedsmit.com

Representative Information

Representative Designation::	Registration Number::	Representative Name::
Primary	39,240	Doyle B. Johnson

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	Continuation of	PCT/JP01/04082	05/16/01

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
JP	2000-143822	05/16/00	YES

Assignee Information**Assignee Name::****Sony Corporation****Street of Mailing Address::****7-35 Kitashinagawa 6-chome****City of Mailing Address::****Shinagawa-ku****State or Province of Mailing Address::****Tokyo****Country of Mailing Address::****Japan****Postal or Zip Code of Mailing Address::**